



HUALAPAI TRIBE COMMUNITY WORKFORCE ASSESSMENT

IDENTIFYING THE NEED FOR THE
COMMUNITY HEALTH AIDE PROGRAM
(CHAP)

SUBMITTED BY:

Kim Russell, Managing Director



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EXECUTIVE SUMMARY

The goal of this Hualapai Community-based assessment was to gather information from the Hualapai Community to identify the need for the CHAP and to get feedback about health care priorities and services. This was achieved by conducting focus groups, interviews, and through an online survey.

Overwhelmingly, the Hualapai Community was excited to hear of an innovative way to address their health care issues by tapping into their own community members to be trained as CHAP providers. Participants were enthusiastic to learn about a tribally driven, tribally informed health workforce program that could impact primary care, behavioral health and dental health for all of its community members.

HIGHLIGHTS

Barriers to Accessing Health Care Services

- **Lack of consistent and trusting health care providers** was a central theme expressed. The high turnover of providers caused continuity of care issues and in some instances lack of any care being provided, especially in dental services.
- **Transportation** to attend medical, behavioral health, and dental appointments served as a common barrier to community members. In addition, lack of transportation back to the community for services that are referred off reservation, was mentioned as a factor for some community members declining the necessary service.

Priority Populations and Services.

- Services for **elders** to coordinate their care and assist them in navigating the health care system was a common theme. Wound care was specifically noted as a high need for this population due to Diabetes
- Behavioral Health services for **youth** were mentioned many times. Suicidal ideation and attempts were noted as being a concern for young people. Suicides in the community were also mentioned as being a frequent event in the community.
- Community members were able to identify with becoming **community health aides and behavioral health aides** because they provide similar services in their current roles within the tribe.
- In order of priority, the following CHAP providers were observed: 1) Community Health Aides, 2) Behavioral Health Aides, 3) Dental Health Aides/Therapists.

Perceived Benefits of the CHAP

- CHAP Providers can go **in to the community to provide services**, especially for elders who may find it difficult to drive to and from appointments.
- **Emergency services** could be dealt with by CHAP providers more easily and quicker since they would live in the community. Services would be accessible on weekends too.

It was also noted that the CHAP providers could address health care issues in the community allowing the patient to not have to travel off reservation for their issue.

Solutions and Ideas to Help Implement the CHAP

- It was well known that **Tribal Council support** is necessary for the CHAP to be realized. This included dedicated funding streams and facilities.
- **Support for CHAP Students** included scholarships to cover tuition, books and other school related needs but also monetary support since they most likely won't be employed (stipends). Support also included Transportation to attend classes and childcare.
- **Guaranteed employment** when the student completes their study was important as it was understood that the CHAP is not a mobile certification/occupation beyond the Tribe.
- Departments and Programs within the community like the Education Department, Childcare, After School Programs, and the Health Department were recognized as **established resources** for the CHAP to partner with. It was suggested to match current resources in the Community with the need of the CHAP. This would lead to greater stability and longevity of the CHAP and encouraged weaving the CHAP into the community infrastructure.
- It was recognized that **outside partnerships** are needed for the CHAP to be successful. Specifically, Mohave Community College and state and county government programs were mentioned.

INTRODUCTION

This report is the second report of the Hualapai Workforce Assessment, and it provides the results of a community-based assessment directly asking the Hualapai Community about the need for health care professionals and how the IHS CHAP may be a part of the Hualapai Tribe's response to positively impact patient care and services, and address health care workforce gaps. This qualitative and quantitative approach to gather information from the Hualapai community will provide information to the Hualapai Tribal Council that can be used to make an informed decision whether the Hualapai Tribe should further investigate implementing the CHAP.

BACKGROUND

In the 1960s, the Alaska Native Villages began developing the IHS CHAP as a response to the lack of providers in a very frontier/rural landscape. Despite the geographical vastness the Alaskan Native Villages faced, the true underlying issue was the lack of health care providers willing to serve their communities. The IHS CHAP has been a proven solution to Alaskan Native Villages to address their health professional shortage issues.

Although the Hualapai Tribe is not geographically far from major population centers, which tend to have higher concentrations of health care providers, it still faces difficulty to recruit and retain health care providers, in all disciplines of primary care, behavioral health, and dental care. In addition, the nearest population center, Kingman, AZ, which is 50 miles south of Peach Springs, AZ, is deemed a Health Professional Shortage Area (HPSA) for primary care, behavioral health, and dental care. The Hualapai Reservation is also deemed a HPSA.

Health Professional Shortage Areas (HPSA) are geographic areas, population groups, or facilities within the United States that experience a shortage of health care professionals. These areas lack sufficient primary care, dental, or mental health providers and services.

In 2010, through the passage of the Indian Health Care Improvement Act, the IHS CHAP was able to operate in the lower 48 states. Since then, multiple tribes have established community based dental therapy programs and are actively implementing and investigating programs in primary care and behavioral health. The Alaska CHAP model served as a blueprint that addressed their specific needs and that is responsive to their communities.

The CHAP is a multidisciplinary system of mid-level primary care, behavioral health and dental health professionals working alongside licensed providers to offer patients increased access to quality care. The CHAP consists of Community Health Aides, Behavioral Health Aides and Dental Health Aides with scopes of practice that build upon one another.

GOALS & OBJECTIVES

The goal of this community-based assessment is to conduct a Community Workforce Assessment that identifies the need for the CHAP. The initial objectives were:

- Objective 1: Conduct **interviews** with the CHR workforce indicating interest, readiness, and support needed to become a CHAP provider.
- Objective 2: Conduct **interviews** from community members, tribal members, leadership, and elected officials, related to community health care needs and workforce opportunities
- Objective 3: Conduct a **survey** of the community's healthcare needs, such as the need for behavioral health aides (BHATs), community health aides (CHAs), or dental health aides/therapists (DHA/Ts)

After consultation with the Hualapai Senior Services Director, the following objectives were added:

- Objective 4: Conduct **focus groups** with key tribal health stakeholders to include Community Health Workers
- Objective 5: Provide CHAP **Information Sessions** to the community

APPROACH

Introducing the CHAP to the Community. On March 24 and 25, 2025, 90-minute CHAP Information Sessions were provided to the community by Ms. Christina Freidt Peters, Managing Director, CKF Consulting, at the Hualapai Health and Wellness Department. A total of 4 presentations were provided to approximately 10 community members. Many of the participants that were interviewed and who participated in the focus groups attended at least one of the Information Sessions.

Expert Input and Guidance. Input and feedback were sought throughout the process from Mr. Brook Bender, Hualapai Elder Service Director, and Ms. Madelena Herrera, Hualapai Senior Center Project Specialist. Their insight into the community as tribal members and employees of the Tribe, provided appropriate ways of interacting with the Hualapai Community. Ms. Herrera served as the Community Contact and served as the face of the workforce assessment.

In addition, the online survey was designed in close consultation with Ms. Louisa O'Meara, Research Coordinator, Sr., Center for Community Health and Engaged Research, Northern Arizona University. Ms. O'Meara provided feedback and input on the survey questions, data collection, and uploaded the online survey.

Lastly, guidance was provided by Dr. Samantha Sabo, DrPH, Professor of Public Health, Health Promotion and Indigenous Health Concentrations and Associate Director of the Center for Health Equity Research, who led a team of students seeking their master's degree in public health from Northern Arizona University. The students assisted with designing the questions,

conducting interviews, facilitating focus groups, and analyzing data. This activity was a part of their course curriculum.

COMMUNITY OUTREACH

Ms. Madelena Herrera, who served as the Community Contact, identified various events throughout the Hualapai Community to share the Workforce Assessment and to recruit community members to participate in the focus groups and interviews. She informed the Hualapai Community and Tribal staff about the Workforce Assessment via flyers, emails, social media posts, and in the tribal community newspaper. She also set up booths at community events and conducted presentations about the Workforce Assessment.

SAMPLE

The sample for the Workforce Assessment included Hualapai community members aged 18 and over, both on and off reservation, and individuals serving the community in a health care or administrative capacity. All those who participated in the interviews, focus groups, and online survey had their identity kept confidential. Two of the focus groups targeted Community Health Workers.

ANALYZING THE DATA

Interviews. On Thursday, March 27, 2025, seven key tribal leaders from the Hualapai Community were individually interviewed. Interviewees were from key departments, including Education and Human Resources, and Tribal Council. Each interviewee was asked seven questions and the average length of time for the interviews were fourteen minutes and seventeen seconds. The interviews were recorded, and the transcripts were analyzed to identify common themes and concepts. The responses to the interview questions were consolidated and summarized.

Focus Groups. On Thursday, March 27, 2025, three focus groups were conducted at the Hualapai Education Center and a total of ## participants volunteered to provide their feedback.

- Focus Group 1 was comprised of Community Health Workers and Emergency Medical Services personnel
- Focus Group 2 was comprised of Community Health Workers
- Focus Group 3 was comprised of a mixture of volunteers, tribal staff, IHS staff, etc.

Each focus group was asked seven questions, and the facilitated discussion lasted an average of one hour and thirteen minutes. The focus groups were recorded, and the transcripts were analyzed to identify common themes and concepts. The responses to the focus group questions were consolidated and summarized.

Survey. An online survey was designed which allowed participants to access on their own time and convenience. Participants accessed the survey via a QR code that was shared on flyers. The

survey was designed to take approximately 5 minutes to answer and consisted of ten questions. Participants provided only basic demographics and no personal identifying information.

135 total responses were recorded. 10 responses had zero recorded responses (survey was opened, but participant did not answer any questions).

125 surveys were included for analysis.

- 5 of them only had responses for the first question (17% complete)
- 13 of them completed 3-4 questions (25-33% complete)
- 7 of them completed 5-9 questions (42-75% complete)
- 100 completed the entire survey (100% complete)

ASSESSMENT TIMELINE

- March 24-25, 2025: Community CHAP Information Sessions conducted
- March 27, 2025: Interviews and Focus Groups Conducted
- June 30, 2025: Online Survey Opens
- August 1, 2025: Online Survey Closes

RESULTS

SUMMARY OF INTERVIEWS

1. **Let's start with the big picture questions, can you describe for us what you would like your healthcare system to look like?**

The data revealed a strong need for **culturally grounded, tribally directed and community-specific** healthcare and support services that are accessible to community members. Key challenges identified include limited support from the Indian Health Service (IHS), an increasing need for more engagement and alignment from tribal leadership, and systemic barriers. These patterns highlight both the depth of need and the importance of **culturally informed, community-driven solutions**.

For Question 1, many of the codes/themes that were developed stemmed from the ideas of community health services that were **locally specific, culturally and tribally driven, with strong leadership support**. For example, we found that the need for more support from Indian Health Services (IHS) and tribal council was addressed across the board. The idea of creating a CHAP program was **well-received** by most leaders who were interviewed.

2. **Based on that big picture view, what should be prioritized? What is the highest priority?**

Question 2 gave a more detailed description of what should be prioritized within the healthcare system. Healthcare gaps that are community-specific were explained as a need for **highly accessible elder care, diabetes prevention and long-term care, dental services, behavioral health, and healthy lifestyle education**. Many leaders addressed the issue of cultural sensitivity needed in delivered services, as well as the need for tribal leadership and **community buy-in** to a new system. Community needs for proper **continuity and coordination of care** was an overwhelming theme within Question 2.

3. **Now that you know a little bit about CHAP, in what ways do you see the CHAP program helping to reach your healthcare system goals?**

The analysis of participant interviews revealed several major themes regarding the potential of the CHAP program within the Hualapai community. **Elder care emerged as a central focus**, with strong emphasis on regular home visits and chronic disease management for elders, particularly regarding **diabetes and wound care**. Staffing shortages and retention challenges were identified as significant barriers, especially for dental and behavioral health services, with isolation and the rural setting making it difficult to recruit and retain providers. Dental health access remains inconsistent, and behavioral health services are urgently needed, with participants describing a cycle of relapse for individuals returning from substance abuse treatment without adequate community support. Participants also stressed the prevalence of chronic health conditions like

diabetes and highlighted the need for **educational pathways**, such as scholarships and partnerships with community colleges, to develop a local healthcare workforce.

4. **What resources are needed to launch and sustain a CHAP program?**

Other critical needs include **adequate facilities**, as limited space and infrastructure were cited as barriers to expanding healthcare services. **Stronger partnerships** with colleges, government agencies, and IHS were seen as vital to support staffing and training. Funding and finances surfaced as the most pressing concern, with participants expressing a preference for **sustainable funding** through general tribal funds rather than unreliable grants. Despite these challenges, there was a consistent tone of aspiration throughout the interviews; participants expressed hope that the CHAP program could transform healthcare in the community, making it more accessible, locally controlled, and culturally responsive. As one participant summarized, “If we could reach that vision, it would help a lot.”

5. **What tribal partnerships are needed to support setting up the CHAP?**

For question 5, several respondents indicated that **Tribal council support and partnership** is needed for the program to move forward. Other partnerships mentioned entities in the IHS healthcare system HR, Finance, EMS. Existing community resources such as certified individuals in the community, non-emergent transport system and surrounding community healthcare providers were all resources that were mentioned during the interviews.

6. **What nontribal partnerships or educational institutions could support CHAP?**

For question 6, interviewees offered suggestions including **existing community resources** (such as the fire department, administration, public services), healthcare system (ADHS, Arizona Department of Health, Mohave County Public Health, Mohave County Health Department), and education partners (Mohave Community College, Local Community College).

For question 5 and 6, it is important to highlight the existing community resources because it demonstrates the strengths and resilience of the Hualapai community members and healthcare providers.

7. **Finally, what recommendations do you have for the immediate next step in this process?**

For question 7, interviewees’ answers focused on **sustainability** of the program as well as **offering help** as the program is started. **Interviewees already seemed to be thinking about solutions**. Interviewees identified important current resources and provided good recommendations for needed resources and resources in close communities that may provide good partnerships for starting and maintaining the CHAP program.

SUMMARY OF FOCUS GROUPS

1. Let's start with the big picture questions, can you describe for us what you would like your healthcare system to look like?

Each focus group mentioned having **more providers** in the community to include **nurses and doctors**. The lack of providers and high turnover causes appointments not to be available, long waiting times, and delay in care which then exacerbates the condition. There was an expressed interest in having providers remain within the community for extended periods to foster stronger relationships with patients and enhance continuity of care, particularly in collaboration with Community Health Representatives (CHRs). It was mentioned that some patients get referred out and then there is difficulty for the patient to find a way back to the community. Also, there is strain placed on EMS to stabilize the patient when it should have been achieved in the hospital. Lastly, some patients, especially elders look to the CHR for confirmation and interpretation rather than other health professionals because they **trust** them more.

2. Based on that big picture view, what should be prioritized? What is the highest priority for you?

Participants described the need for **more providers**, overall, whether they provided primary/preventive care all the way to specialty services. Dental care was scarce due to lack of dentists and necessary equipment to do higher levels of dental care services. Participants mentioned that the CHAs can **go into the community** and provide services one on one and this is needed rather than individuals coming into the hospital. This also eliminated the need for transportation, especially for elderly people who cannot drive or for people who are bedridden.

3. Okay, based on what you know about the community health aide program, what could be some of the benefits to the community?

Benefits of the CHAP included the ability for community members, especially those who are starting their educational careers and can speak Hualapai, to fill the gap in services especially in Primary Care and Behavioral Health. Specifically, it was mentioned that **elders** would benefit from CHAP because they would not have to leave their homes for services or treatment like **wound care**. It was mentioned that everyone in the community needs **behavioral health** services, but **youth** were specifically noted as needing this service as instances of self-harm were being noticed by very young people. The stability and longevity of a CHA would help the youth because this provider needs to interact with them a lot more times than an adult before they can open up. Lastly, services could be provided on the weekends, and the CHAP gave youth an educational pathway and if introduced in **high school**, they could attain a certificate in CHAP.

4. Which of the CHAP programs that you heard about (community health aide, dental health aide and behavioral health aide) is a priority in your community and why?

Community health aides were the first priority to be implemented because it was a solution to providing care in the community, especially for elders and with a focus on wound care. The second priority was behavioral health aides because everyone has a need for behavioral health services. Youth were mentioned as a priority group who needed behavioral health services as suicidal ideation and attempts were being observed in very young children. Not too far behind and the third priority, was dental health aides/therapists because everyone has a need for dental services and the lack of a consistent dentist to serve the community was mentioned.

5. If it were available, how interested would you be in becoming a CHA, DHA, or BHA and why?

Participants indicated that they would be interested in **CHAs and BHAs** because they have **current or past work experience** that could lead into a CHA or BHA. It was mentioned that federal workers would not be as interested because they would lose their pension. Locals or **community members** would be the targeted group to pursue these positions.

6. If you or someone you knew wanted to become a CHA, DHA or BHA, what resources would you need to participate?

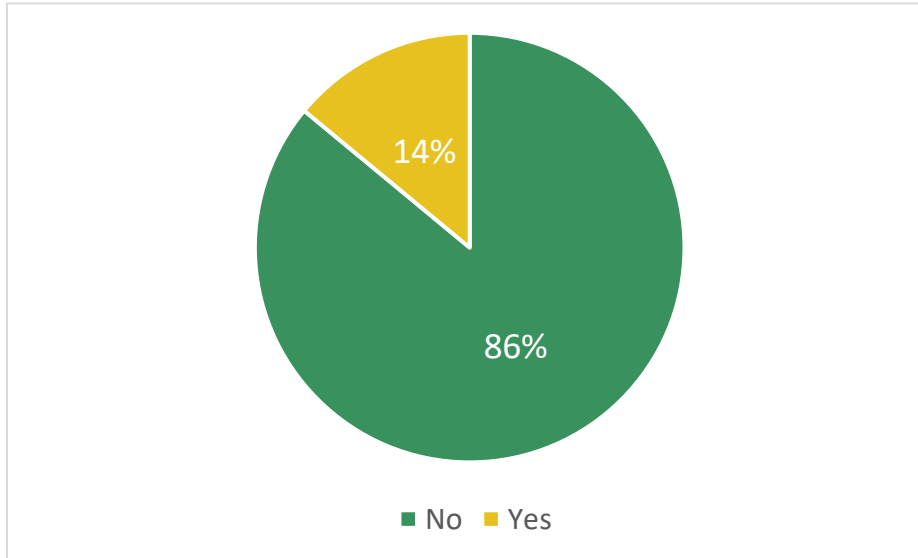
Transportation to classes was mentioned by all 3 focus groups, including driver's education so community members can attain driver's licenses. Concern about how students would "make a living" while going to school. **Stipends** and earn as you learn programs were mentioned to address the lack of employment when going to school. Childcare was mentioned throughout the child's life, and it was mentioned that there are already programs available for this in the community (Head Start, after school programs, etc.). It was also mentioned that the family would need to assist in childcare, especially if the student had to go out of state for the CHAP training. Two of the focus groups mentioned that there needs to be a **guaranteed job or job security** after the student completes the training. It was expressed that a clear pathway for the student needs to be shared so that they understand what the commitment looks like such as, length of study, where the study is located, where the jobs will be available. This clear pathway will help community members make an informed decision to commit to the CHAP. Lastly, tuitions assistance was mentioned.

7. Is there anything else we didn't ask that we should know?

This last question offered **more questions** from focus group participants such as- Where is the training is going to be located? When will it start? How long is the training program? There was **great interest** in the CHAP by all and most thought it was a good idea for the Community. It was explained to all the groups that the feedback will be provided back to Tribal Council by the end of the year, and they will decide if the Tribe will move forward with implementation.

ONLINE SURVEY

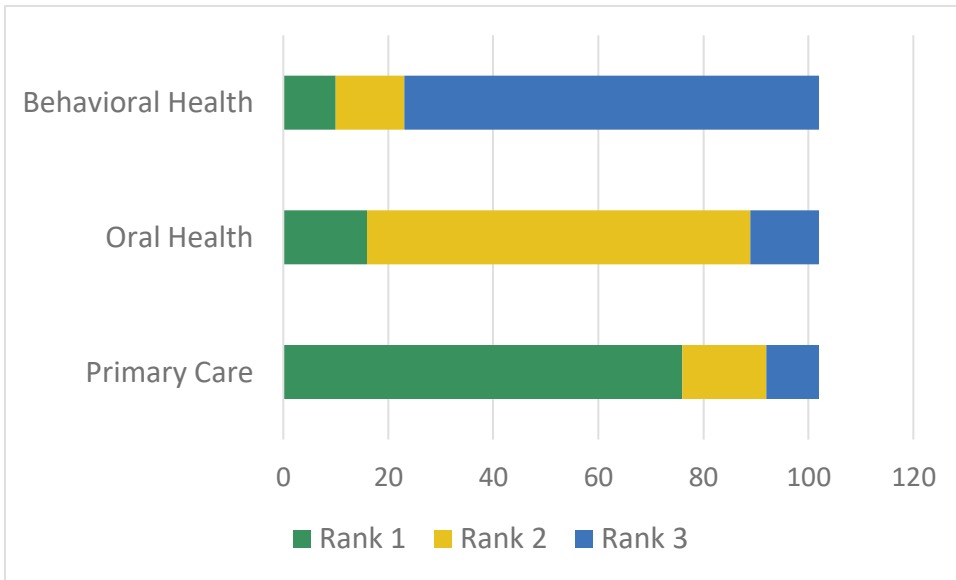
1. Do you think there are enough healthcare providers (doctors, nurses, dentists, etc.) to serve the needs of the Hualapai Community?



Description: 86% of respondents think there are NOT enough healthcare providers to serve the needs of the community. 14% person responded YES that they think there is enough health care providers to serve the needs of the community.

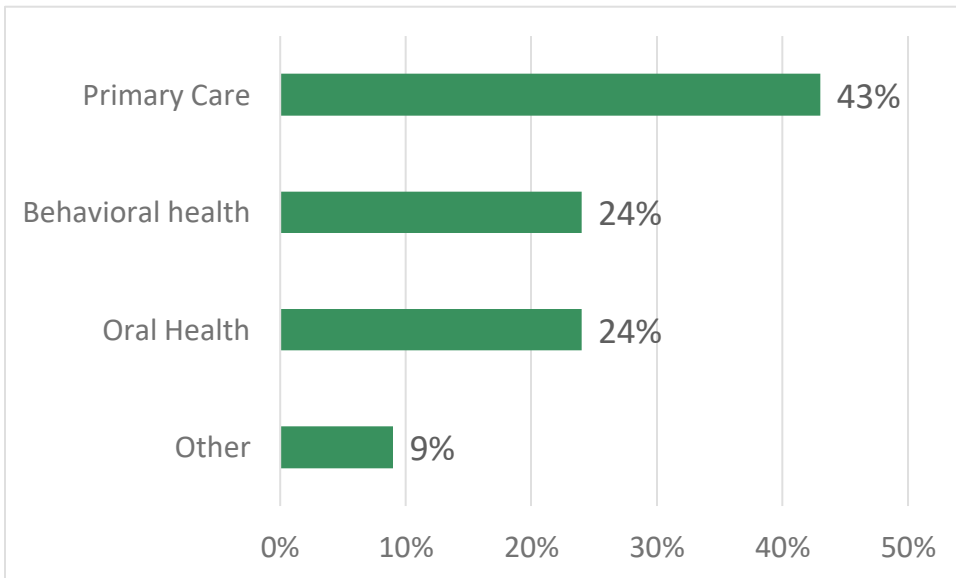
2. If not, what type of health care provider do you think the Hualapai Tribe needs most?
Please rank the following provider types from most important (1) to least important

(3).



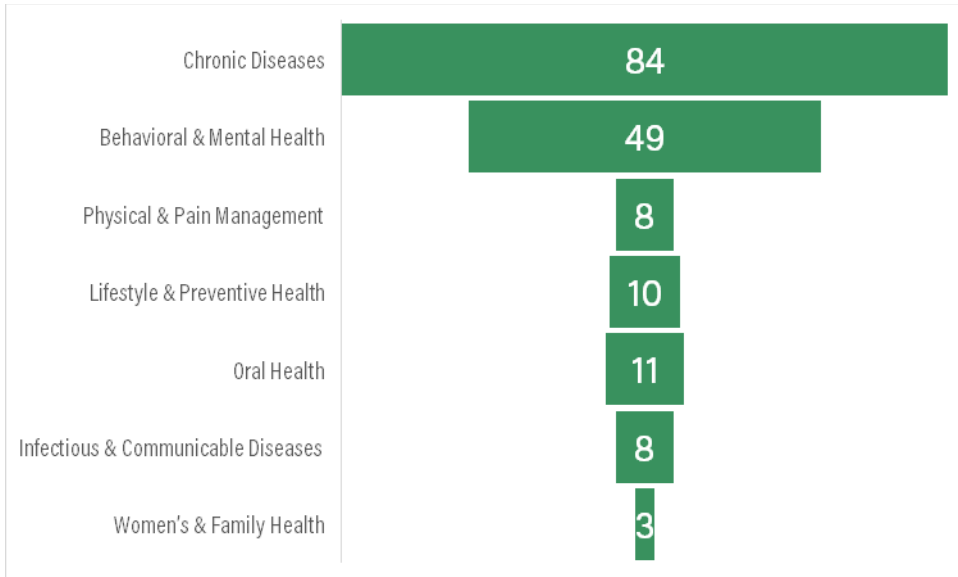
Description: Approximately 75% of respondents say that primary care providers are the most needed provider type.

3. If the Hualapai Tribe could bring in more healthcare providers, which ones should they focus on first? *Please choose one.*



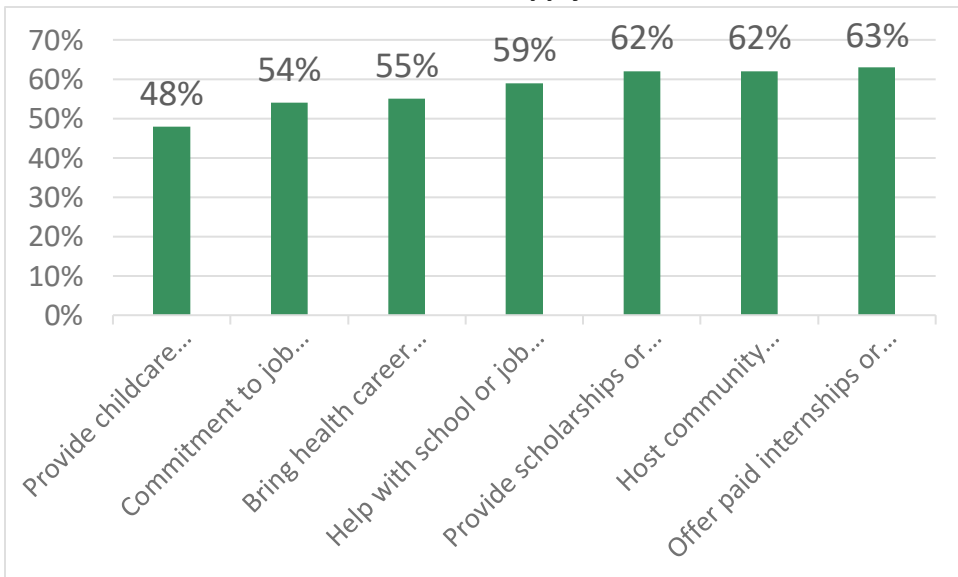
Description: 43% believe the Tribe should bring in more primary care providers first, before other types of providers. 24% said Behavioral Health Providers, 24% chose Oral Health and then 9% chose Other.

4. In your opinion, which health conditions / diseases should the *Hualapai* Tribe focus on addressing in the community? Please list no more than 2.



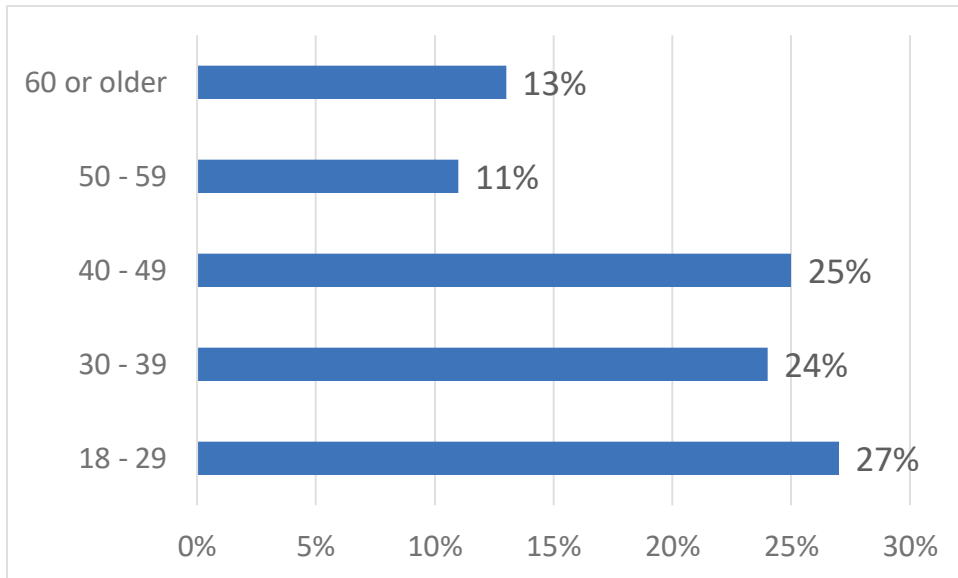
Description: Overwhelming, respondents reported ‘chronic diseases’ (like diabetes), followed by ‘behavioral & mental health’ as health conditions/diseases that the Hualapai Tribe should address.

5. How do you think the Tribe should help community members achieve careers in the health care field? Please mark all that apply.



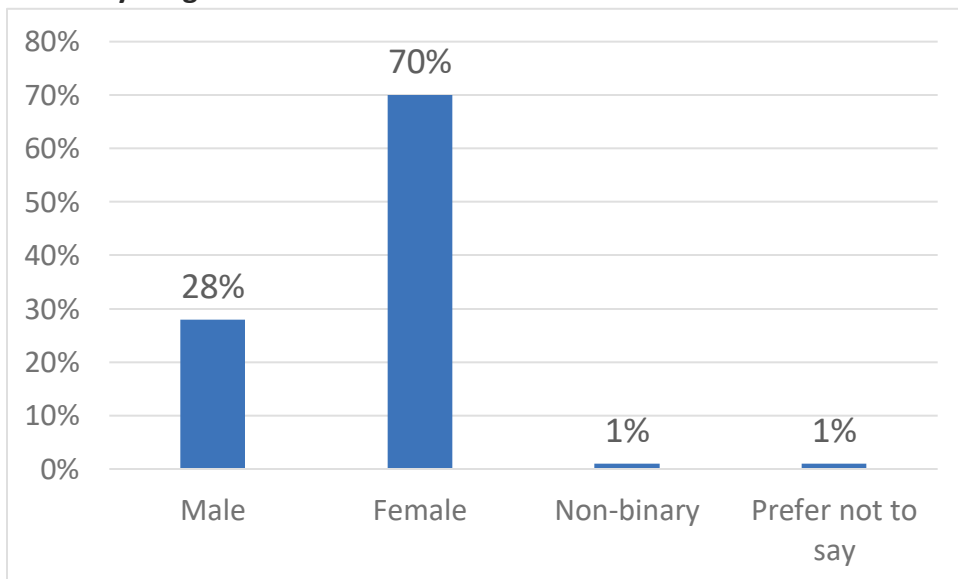
Description: The top 3 ways the Tribe should help community Members to achieve careers in the health care field include 1) Offer paid internships or job... 2) Host community workshops or.... And 3) Provide scholarships or financial.....

6. What is your age?



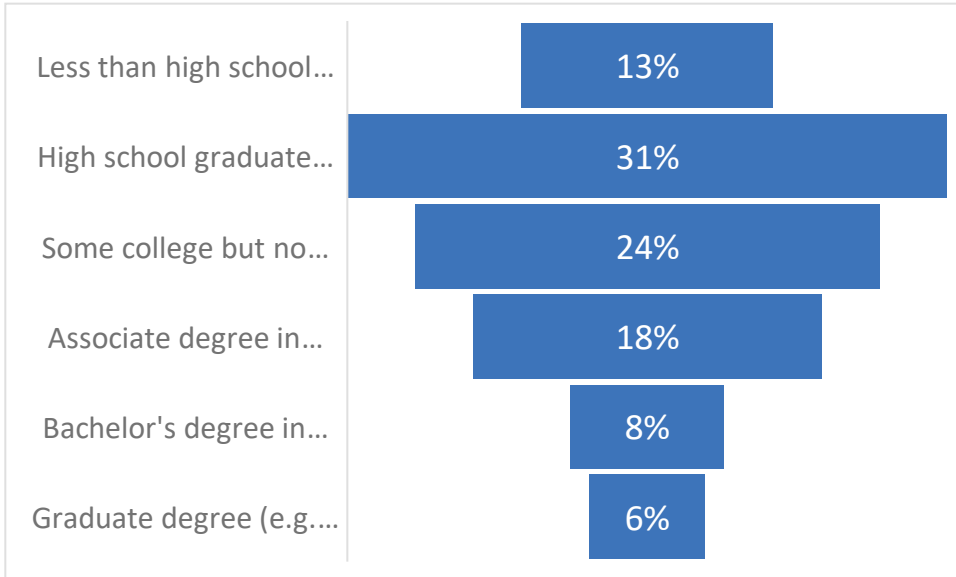
Description: Approximately, 3 out of 4 people who took the survey were aged 18 to 49.

7. What is your gender?



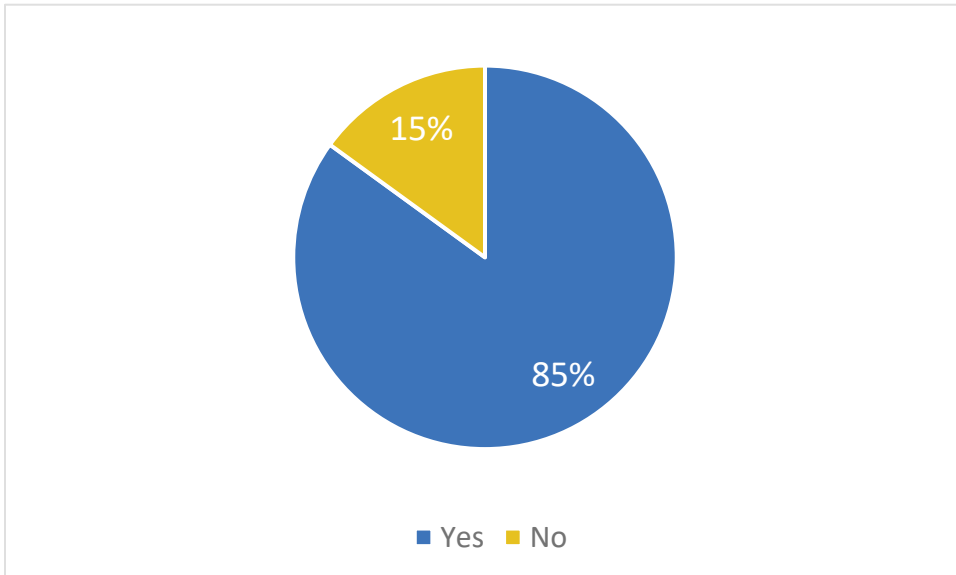
Description: 70% of respondents responded as being Female, 28% responded as Male, 1% responded as non-binary and 1% preferred not to say.

8. What is the highest level of school you have completed or the highest degree you have received?



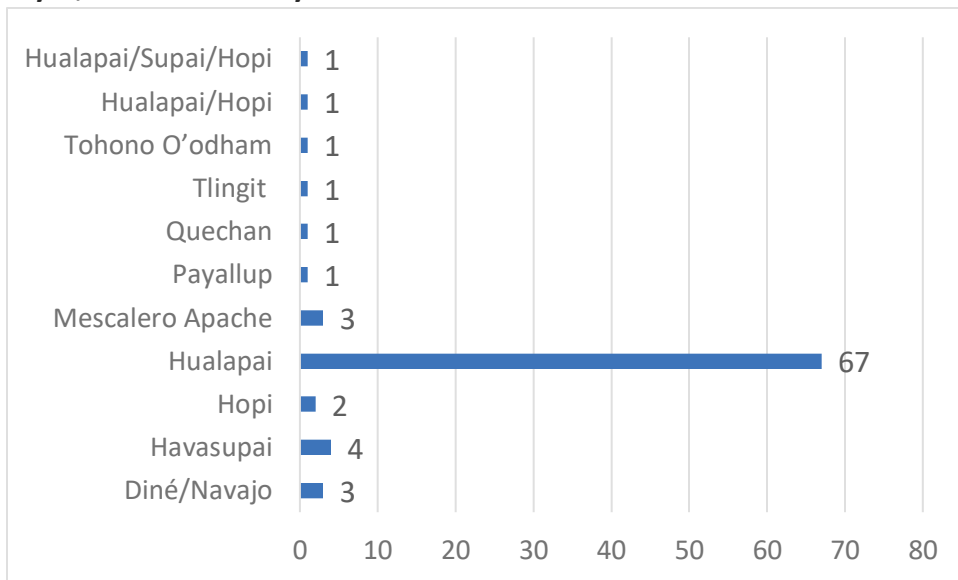
Description: The highest educational group responding is a high school graduate at 31%. Next, were those who had some college but no degree at 24%. The lowest group responding were those who had a graduate degree at 6%.

9. Are you an enrolled member of a federally recognized Tribe?



Description: 85% of respondents responded as being a member of a federally recognized Tribe and the other 15% were not a member of a federally recognized Tribe.

10. If yes, what Tribe are you a member of?



Description: Majority of those who responded to the survey were from the Hualapai Tribe.

APPENDIX 1: Interview Questions and Script



Community Health Aide Program Needs Assessment Health and Tribal Leadership Interview

Thursday, March 27, 2025
Hualapai Health Department
Peach Springs, Arizona

Consent and Description

My name is NAME and I am a public health student at NAU. In partnership with the Hualapai Tribe, our class is supporting a needs assessment to understand community, leadership and health professional perspectives on planning and implementing a Community Health Aide Program (CHAP).

The IHS Community Health Aide Program (CHAP) has proven to be an effective solution for Alaskan Native villages in addressing their shortage of healthcare professionals. Most recently, through tribal sovereignty, tribes in the Northwest Portland Area have used the Alaska CHAP as a model to create a healthcare infrastructure that is tailored to and responsive to tribal needs by assessing and listening to their members.

With assistance from a consultant and support from NAU students like me, the Hualapai Tribe is conducting their own CHAP needs assessment with leadership, healthcare providers and community members.

You have been identified as a leader who holds valuable insight on the topic of the health and wellbeing of the Hualapai Tribe and the health professional workforce development needs in the community. We hope to learn about your perspectives and ideas for the healthcare workforce development of the Hualapai Tribe.

Results of the CHAP needs assessment will be completed by August, 2025 and a final report in writing and presentation will be provided.

With your permission, I will record our conversation so I can correctly take notes that will be provided back to the leaders of this needs assessment. The information you share will be confidential and combined with other leadership interviews to generate a report about leadership perspectives on the topic of CHAP.

We appreciate your time, and this interview should take 30 minutes. Okay for me to hit record and get started?

[If yes, record the interview; If no, take detailed notes of the interview]

APPENDIX 1: Interview Questions

Interview Questions

1. Let's start with the big picture questions, can you describe for us what you would like your healthcare system to look like?
2. Based on that big picture view, what should be prioritized? What is the highest priority?
3. Now that you know a little bit about CHAP [refer them to the handouts], in what ways do you see the CHAP program helping to reach your healthcare system goals?
4. What resources are needed to launch and sustain a CHAP program?
 - a. Probe: funding, facilities, personnel
5. What tribal partnerships are needed to support setting up the CHAP ?
6. What non tribal partnerships or educational institutions could support CHAP ?
7. Finally, what recommendations do you have for the immediate next step in this process?

Thank you for your time. Results of the CHAP Needs Assessment with leaders, healthcare professionals and community members will be completed by August, 2025. Organizers will share back the final reports in writing and through presentations.

Notes:

APPENDIX 2: Focus Group Questions and Script



Community Health Aide Program Needs Assessment Health Professionals Focus Group

Thursday, March 27, 2025

Hualapai Health Department
Peach Springs, Arizona

Focus Group Protocol
Estimated time: 1.5 hours

[Welcome]

- "Welcome everyone, thanks for being here."

[Consent script]

(5 minutes)

"Each of you were invited today to share your opinions and ideas about the Community Health Aide Program, or CHAP for short, because you are a critical healthcare provider in the community. The Hualapai Senior Service Department through a grant from the Centers for Disease Control or the CDC is conducting a community assessment of healthcare providers like yourselves, tribal and IHS department leaders and community members to learn if the CHAP program could benefit the health needs of the community. We'll remind you all about the CHAP program and then ask you what you think about it.

This conversation is voluntary and you can leave at any time, for any reason. You don't have to answer any questions you don't want to and your information will be kept confidential, meaning your name will not be attached to anything you share today. We're going to record our conversation today to make sure we capture what you say correctly, and we'll delete the recording after transcribing it. The themes from the focus groups will only be shared in your community, and your identity will be kept confidential.

Is it ok with everyone that we start recording and go forward with the focus group?"

[Start recording]

[Warm-up]

APPENDIX 2: Focus Group Questions

- "We just want to start by getting to know you a bit better."
- Everyone share their name, job title and how long they've been in their role (10 minutes)

Introduction to the CHAP program:

- [Open slide show] (5-10 minutes)

Main Questions:

Theme: Impressions of the Program

- 1) Let's start with the big picture questions, can you describe for us what you would like your healthcare system to look like?
- 2) Based on that big picture view, what should be prioritized? What is the highest priority for you?

Theme: Addressing service gaps and healthcare needs

- 3) Okay, based on what you know about the community health aid program, what could be some of the benefits to the community? (10 minutes)

Theme: Priorities and rationale (10 minutes)

- 4) Which of the CHAP programs that you heard about (community health aide, dental health aide and behavioral health aide) is a priority in your community and why?
 - a) [Pull up slide with the 3 different types]

Theme: Level of Interest and Top Priorities (10 minutes)

- 5) If it were available, how interested would you be in becoming a CHA, DHA, or BHA and why ?
- 6) If you or someone you knew wanted to become a CHA, DHA or BHA, what resources would you need to participate?

Final thoughts

- 7) Is there anything else we didn't ask that we should know? (5 minutes)

Thank everyone and share next steps (2-3 minutes)

APPENDIX 3: Online Community Survey

Hualapai Tribe Health Workforce Survey



This Community Survey is being conducted by the Hualapai Elder Services Program and will assist the Tribe in identifying priority healthcare work forces that are needed by the community. This survey should take no longer than 5 minutes, and your answers are kept confidential.

We appreciate your time and feedback. Thank you.

1. Do you think there are enough **healthcare providers** (doctors, nurses, dentists, etc.) to serve the needs of the Hualapai Community?

- No
 Yes

2. If not, what type of **health care provider** do you think the Hualapai Tribe needs most? *Please rank the following provider types from most important (1) to least important (3).*

- _____ **Primary Care** (e.g. nurses, doctors, CHRs)
_____ **Oral Health** (e.g. dentists, hygienists)
_____ **Behavioral health** (e.g. counselors, psychiatrists)

3. If the Hualapai Tribe could bring in more **healthcare providers**, which ones should they focus on first? *Please choose one.*

- Primary Care
 Oral Health
 Behavioral health
 Other _____

4. In your opinion, which **health conditions / diseases** should the Hualapai Tribe focus on addressing in the community? *Please list no more than 2.*

APPENDIX 3: Online Community Survey

5. How do you think the Tribe should help community members achieve careers in the health care field? Please mark all that apply.

- Provide scholarships or financial aid for health-related education
- Provide childcare support while in school or training
- Commitment to job placement with the Tribe after training or graduation
- Host community workshops or info sessions about healthcare career options
- Bring health career programs or speakers into local schools (K–12)
- Help with school or job applications (like for nursing school or a certification program)
- Offer paid internships or job shadowing with local healthcare providers

About you. The following questions will not identify you as an individual, they just help us understand the feedback better. Thank you.

6. What is your age?

- 18 - 29
- 30 - 39
- 40 - 49
- 50 - 59
- 60 or older

7. What is your gender?

- Male
- Female
- Non-binary
- Prefer not to say

8. What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree
- High school graduate (e.g. diploma/GED)
- Some college but no degree
- Associate degree in college (2-year)
- Bachelor's degree in college (4-year)
- Graduate degree (e.g. Master's, PhD, M.D.)

9. Are you an enrolled member of a federally recognized Tribe?

- Yes
- No

10. If yes, what Tribe are you a member of?

Thank you for your feedback!
Your input is important in helping shape better healthcare services for our community.